## U.S. Department of Justice United States Marshals Service

## Document 47

## FileRoce Receipe And Return

COURT CASE NUMBER **PLAINTIFF** CR No. 04-10176-RWZ UNITED STATES OF AMERICA DEFENDANT TYPE OF PROCESS Preliminary ITZA RUIZ, a/k/a ITZA GALVAN SANTOS, and HERIBERTO RUIZ Order of Forfeiture NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN **SERVE** Town of Saugus Assessor's Office AT ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) Town Hall, First Floor, 298 Central Street, Saugus, MA 01906 Number of process to be served with this Form - 285 SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW: Number of parties to be served Jennifer H. Zacks, Assistant U.S. Attorney United States Attorney's Office
John Joseph Moakley United States Courthouse
1 Courthouse Way, Suite 9200 in this case Check for service on U.S.A. Boston, MA 02210 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All 💛 Telephone Numbers, and Estimated Times Available For Service) Please serve the attached Preliminary Order of Forfeiture upon the above-named entity by certified mail, return receipt requested. LJT x3283 04-058-000618 Signature of Attorney or other Originator requesting service on behalf of: TELEPHONE NUMBER DATE ☑ PLAINTIFF (617) 748-3100 May 13, 2005 □ DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE District of Origin I acknowledge receipt for the total District to Serve number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) I hereby certify and return that I  $\square$  have personally served,  $\square$  have legal evidence of service,  $\square$  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below). Name and title of individual served (If not shown above) A person of suitable age and discretion then residing in the defendant's usual place of abode. Address (complete only if different than shown above) am pm Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount Owed to US Marshal or Amount or Refund (including endeavors 5/24/05 ctfd mail: 7004 1160 00015657 REMARKS: 5/27/05 Date PRIOR EDITIONS MAY BE USED 1. CLERK OF THE COURT FORM USM 285 (Rev. 12/15/80)